

# MOC SELF ASSESSMENT EVALUATION FOR MOC DIPLOMATES

## APPENDIX "A"

Name of MOC SA Activity:

Date of MOC SA Activity:

Name of MOC SA Provider:

Number of MOC POINTS possible for this activity:

How would you rate the clinical relevance TO A PRACTICING DERMATOLOGIST of the above-listed MOC Self-Assessment Activity you completed? (choose the best answer)

**Excellent:** *Highly relevant questions throughout the activity.*

**Very good:** *Most questions were very relevant, a few less clinically relevant.*

**Fair:** *Some questions were relevant, several were not very clinically relevant.*

**Needs major improvement:** *Few questions were clinically relevant, many questions were not very clinically relevant.*

How would you rate the clinical relevance TO YOU, SPECIFICALLY, of the MOC Self-Assessment Activity you just completed? (choose the best answer)

**Excellent:** *Highly relevant questions throughout the activity.*

**Very good:** *Most questions were very relevant, a few less clinically relevant.*

**Fair:** *Some questions were relevant, several were not very clinically relevant.*

**Needs major improvement:** *Few questions were clinically relevant, many questions were not very clinically relevant.*

How would you rate the feedback you received on your performance, including how it compared to your peers completing the same MOC Self-Assessment activity? (choose the best answer)

**Excellent:** *Feedback on my performance was very clear, including how I compared to my peers.*

**Very good:** *Feedback on my performance was clear, but it's not entirely clear how I compare to my peers who took this same activity.*

**Fair:** *I have to do some searching to interpret how I did individually or when compared with my peers.*

**Needs major improvement:** *It was not clear to me how I performed, nor how my peers performed on this activity.*

How would you rate the education provided to you regarding each MOC Self-Assessment question? (choose the best answer)

**Excellent:** *The education provided helped improve my knowledge or future performance on the topics.*

**Very good:** *Most education provided was of high quality. A few areas lacked adequate explanation/discussion.*

**Fair:** *Some education was of high quality, but some lacked adequate explanation/discussion.*

**Needs major improvement:** *Little education provided was of high quality. Significant lack of explanation/discussion.*

**N/A:** *Education was not provided on the MOC Self-Assessment questions.*

Why did you choose to take this specific MOC Self-Assessment Activity? (choose all that apply)

The topic interests me.

This topic includes areas in my practice that I think I need to improve.

I need to complete an MOC Self-Assessment activity to maintain my ABD board certification.

I was curious about MOC Self-Assessment.

I wanted to see how I compare with my peers on this topic.

Other:

**When reflecting on this MOC Self-Assessment Activity, how would you assess its value? (choose all that apply)**

It reaffirmed my knowledge.

It reaffirmed what I already do in clinical practice.

It identified knowledge gaps for me, but these are not relevant to my current or future clinical practice.

It identified knowledge gaps for me that are relevant to my current or future clinical practice.

It identified some areas that I do not perform well, but these are not relevant to my current or future clinical practice.

It identified some areas that I do not perform well, and these are relevant to my current or future clinical practice.

It failed to build new knowledge or reaffirm existing knowledge.

**List any areas for improvement that you think this self-assessment activity identified for YOU, SPECIFICALLY. (If there were no specific areas identified, then put "NONE" in the space below).**

**Please return this completed evaluation to the self-assessment activity provider.**